

1.0 Description of the Service

This service refers specifically to refugee health assessments in the local health department setting. The assessment includes medical history, physical examination, review of documents, determination of immunization status/upgrade immunizations, TB skin testing, ova and parasite testing, sexually transmitted disease testing, other lab tests as indicated, and treatment or referral as appropriate.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Limitations

Eligible recipients are those documented by the U.S. Immigration and Naturalization Service (INS) on form I-94 who have been in the United States for less than 18 months.

2.3 Special Provisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

3.0 When the Service is Covered

Refugee health assessment is covered when the individual meets the eligibility requirement listed above.

4.0 When the Service is Not Covered

Service is not covered when the eligibility criteria listed in **Section 3.0** are not met.

5.0 Requirements for and Limitations on Coverage

Refugee health assessment is allowed once per lifetime.

6.0 Providers Eligible to Bill for the Service

The following providers in a local health department setting are eligible to perform this service.

- physicians
- nurse practitioners
- physician assistants
- public health nurses who have completed the *Physical Assessment of Adults* course (for refugees 21 years of age or older) or the *Physical Assessment of Children* course (for refugees under age 21 years)

7.0 Additional Requirements

All Medicaid documentation requirements apply. Documentation must also include:

- review of INS documents
- all components of service

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in the Medicaid Managed Care programs.

8.1 Claim Type

CMS-1500 (HCFA-1500)

8.2 Diagnosis Codes that Support Medical Necessity

V20.2 Routine infant or child health check (for all recipients under age 21)

V70.0 Routine general medical examination at a health care facility (for N.C. Medicaid program recipients age 21 and older)

V70.5 Health examination of defined subpopulations (for all MRF and RRF recipients – primary diagnosis ages 21 and older, secondary diagnosis for recipients under 21 years of age)

8.3 Procedure Code(s)

Refugees under 21 years old	Follow the Health Check billing guidelines in the current N.C. Health Check Billing Guidelines
Refugees 21-39	99385 – <i>Initial comprehensive preventive medicine; 18-39 years</i>
Refugees 40-64	99386 – <i>Initial comprehensive preventive medicine; 40-64 years</i>
Refugees 65 years and older	99387 – <i>Initial comprehensive preventive medicine; 65 years and older</i>

Bill laboratory codes for laboratory tests provided on site.

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

9.0 Policy Implementation/Revision Information

Original Effective Date: October 1, 2002

Revision Information:

Date	Section Revised	Change
10/01/03	Section 8.0	ICD-9-CM diagnosis codes that support medical necessity were added.
12/01/03	Section 5.0	The section was renamed from Policy Guidelines to Requirements for and Limitations on Coverage.
12/01/03	Section 6.0	A sentence was added to the section stating that providers must comply with Medicaid guidelines and obtain referrals where appropriate for Managed Care enrollees.
12/01/03	Section 8.0	Subsection numbers were added to the subsection titles.
12/01/03	Section 8.0	Subsection 8.4, Reimbursement Rate, was added to the section.
9/1/05	Section 2.0	A special provision related to EPSDT was added.
9/1/05	Section 8.0	The sentence stating that providers must comply with Medicaid guidelines and obtain referral where appropriate for Managed Care enrollees was moved from Section 6.0 to Section 8.0.
12/1/05	Section 2.3	The web address for DMA's EDPST policy instructions was added to this section.